

Virginia HIV Community Planning Group Meeting Summary

Members Present: Odile Attiglah, Shimeles Bekele, Roy Berkowitz, Ashley Carter, Susan Clinton, Gregory Fordham, Marilyn Freeman, Janet Hall, Richard Hall, Robert Hewitt, Cheryl Hoffman, Martha Lees, Elaine Martin, Nicholas Mattsson, Shawn McNulty, Diane Oehl, Ruth Royster, Thomas Salyer, Dorothy Shellman, Edward Strickler, Bruce Taylor, Thomas Womack, Shannon Young

Members Absent: Tim Agar, Melissa Baker, Rhonda Callaham (represented), Hugo Delgado, Pierre Diaz, Mike King (represented), Rachel Rees (represented), Stanley Taylor, Adam Thompson, Dr. Rick Zimmerman

Other Attendees: Doris Lakey (representing Rhonda Callaham); Valerie Walters of Fredericksburg Area AIDS/HIV Support Services (representing Mike King); Heather Bronson, Kathleen Carter, Cat Hulburt, Lisa Laurier and Jeff Stover of the Virginia Department of Health; Johanna McKee of the Pennsylvania/Mid-Atlantic AIDS Education and Training Center; Claudia White of Northern Virginia AIDS Ministry, guest; Michele Chesser of the Joint Commission on Health Care, guest; John Smith and Deborah Acory of Serenity, Inc., guests; Cathy Fisher, Council of Community Services, guest

Welcome and Introductions

Elaine Martin called the meeting to order at 9:00 AM.

Membership

Silvia Villacampa has resigned so recruitment for Latino representation will be underway soon.

Justine Annis' job duties at Eastern Shore Health Department have changed and recruitment for an Eastern representative will be underway, as well.

New Business

- ❖ *HIV Stops with Me* was launched in Eastern, Northern and Central regions. Elaine reported she found more dollars and will put more advertising in Hampton/Newport News, Richmond and Petersburg. There has been heavy internet media buy for gay men but not for heterosexual women (internet buys are statewide). Many positive responses were reported. For more information, visit www.hivstopswithme.org.

Old Business

- ❖ *Facebook ads for HIV testing* - VDH is running two ads simultaneously, one in large markets and one in small markets, targeting Virginians between the ages of 18-49. The ads will continue running through July 30.
- ❖ *IRis is now days away from launching*. Elaine explained that there have been serious IT problems with access and administrative approvals with VITA. She will ask some members about helping test it and will have a demonstration at a future meeting.
- ❖ *NASTAD Technical Assistance Meeting - Black Gay Men and HIV: Evaluation of Progress to Reduce the Epidemic*. Chauntele Taylor and Elaine Martin attended June 22-23, 2010 in Washington, D.C., one of eight state teams invited to participate. Elaine indicated that this was a great opportunity to talk about policy and the meeting followed well on the heels of our young black gay men initiative. HIV stigma and homophobia are the biggest barriers for men to come forward for treatment services and these barriers must be addressed or the interventions won't have impact. Future RFPs will have requirements to address those barriers.
- ❖ *HRSA consultation "Bridging Prevention and Care"* - Twenty-four attendees; Elaine was the only prevention person present. New Ryan White legislation has increased focus on testing and keeping people in care. HRSA has SPINS Special Projects, and Elaine noted will be a good opportunity for VDH to apply for SPINS money.
- ❖ *AIDS Services Education money down 50%* - This grant funds three transgender initiatives: 1) Fan Free Clinic provides HIV and STD screening for transgenders in Central, found lack of access to care is fairly significant because transgenders often have unaddressed chronic issues that prevent them from qualifying and receiving hormone therapy. FFC has treated 246 clients and 16% have HIV. FFC also offers VOICES and will adapt Street Smart this year to the transgender population. 2) The AIDS Fund will adapt "HIV University" into a "Trans Academy" and will have to maximize dollars as they received a very small grant. 3) ACCESS (through the Minority AIDS Project) provides clinical services similar to FFC. Elaine applauded the CPG's work that made these three projects possible.

Data Uses/Possibilities - Jeff Stover

Jeff explained that Public Health Informatics involves data management, database management, data reporting, GIS/geocoding, Epi analyses/evaluation, and enhanced surveillance, among others. He reported chlamydia and gonorrhea are by far the largest reported STD in the United States and Virginia (30,000 cases per year). The Epi profile has moved to data sheets and is less time consuming, more efficient and more effective. The STD Surveillance Network (SSuN) collects data including employment and educational status, HIV testing dates, sexual orientation, and partner and risk history (this type of data is not routinely collected). SSuN is not a research methodology, but a purely data collection. One member asked, *Is there*

anything you can do to improve the data? It's outdated when it's released. Jeff responded that there are ways to improve the process, e.g., reimbursing local health departments for sending in their reports in a timely fashion and doing more importation of data to speed things up (instead of manually importing it). Elaine added that technology costs a lot of money and the fact that our dollars are continually being cut has been a real impediment. Jeff would like to put tools out there for better dissemination of data, such as the "Smart Epi" application for local health departments which is being spearheaded by SSuN. This should improve timeliness. Members were asked to contact Ashley Carter about data issues at (804) 864-8042 or ashley.carter@vdh.virginia.gov.

HIV Prevention Update - Cat Hulburt

- ❖ *Grants Connection* - This on-line database of all non-profit organizations in Virginia lists what the foundations have funded, level of funding, and what they're looking for in applications. Cat pointed out that this is a great resource for CBOs, especially now that VDH's funding is being cut. Cat and Beth Marschak are the contacts for providing CBOs with information from *Grants Connection* and they're also good resources for capacity building and development. Contact Cat at Cat.Hulburt@vdh.virginia.gov, (804) 864-8015 or Beth at Beth.Marschak@vdh.virginia.gov, (804) 864-8008.
- ❖ *Behavioral Risk Survey* - Cat would like to get membership from CPG on the committee that prepares this annual telephone survey of Virginia's adult population. The questions, which center on individual behaviors that relate to chronic disease and injury, are due by August 3. If approved, they will be on the September survey. More information can be found at <http://www.vahealth.org/brfss/>.
- ❖ *Statement of Urgency: Crisis Among Gay Men* - Cat explained what this is: NASTAD and the National Coalition of STD Directors (NCSD) have issued a joint statement that expresses concern about the burden of HIV and STDs among gay and bisexual men of all races and ethnicities in the U.S. The document states, "While other at-risk populations have seen declining numbers of new HIV infections over time, new cases among gay men continue to rise and this population also bears a disproportionate burden of syphilis. Despite past progress, we acknowledge that our nation's efforts are not currently sufficient to arrest new infections among these men." NASTAD and NCSD call for examination of existing programs and allocation of resources, highlight the need for new federal funding, and pledge to develop new partnerships and implement scientifically-grounded and innovative programs which explicitly target these men.
- ❖ *Test and Treatment = Prevention: HIV-infected people who know their status are less likely to transmit HIV.* Elaine reported that this message from CDC and HRSA is where all the money will be focused, that the trend for federal money will be for testing and linkages to care in the future. Elaine reported that the CPG will be working on what we need to do "between the testing

and the treatment". There will be money for the "between" time but not for health risk-reduction. Bottom line: Linkages to care will be the focus of future funding.

HIV Care Updates - Lisa Laurier

ADAP wait list - There are now 11 states with waiting lists; five are in the south: Florida (523), Kentucky (198), Louisiana (112), North Carolina (783) and South Carolina (187). All states surrounding Virginia have residency requirements; Virginia doesn't have residency requirements but is in the process of changing that. Other state ADAPs have instituted cost-saving strategies, e.g. reducing formularies.

Southwest Snapshot - Heather Bronson, Ashley Carter, Lisa Laurier

Concerning HIV prevention in Southwest, Heather Bronson, CHARLI program coordinator, gave an overview of the agencies that are funded in Southwest to provide HIV education and testing to inmates. She noted that through CHARLI, education in correctional facilities is the first collaboration point between care and prevention. Heather noted there are four correctional facilities in the Southwest region and she was pleased when she found out that HIV testing is done also in juvenile correctional facilities there. She reported that the Council of Community Services (CCS) has a 3.4 partner index (3.4 partners named per each positive), the highest in state. CCS has not had success with social networking, has had staff cuts, and operation hours were cut at the Drop-In Center (now open only 10:00-6:00 PM). Successes noted were the high positivity rate found for rural areas (909 tests, nine positives); great collaborative relationship with local health department staff, and a great relationship with the MSM community. Going forward, Heather noted the following goals: Work with agencies to identify or adapt EBIs for rural areas, continue to explore use of social networking to bring individuals into services, bring an anti-stigma campaign to rural areas in 2011, and continue to build on the highly effective HIV testing programs.

Ashley Carter presented *HIV Disease and STDs in the Southwest Region Compared to Statewide*. She noted a better understanding of the reporting process through direct follow-up with primary care physicians, blood banks and large ID practices. A challenge has been an increase in North Carolina residents accessing ADAP services from ID providers in the region, with additional time and effort expended following-up on positive lab tests only to find that the patients have been previously reported and followed-up in North Carolina. Concerning STDs, there is a higher morbidity of syphilis in women than statewide and Lisa Laurier noted the reason for this is heterosexual transmission due to prostitution and drug-use. Ashley showed the new format for the quarterly report (the first and second quarter reports will be released at the

same time) and she will talk more about the new formatting at the September meeting.

Discussion followed about breaking down data in specific areas ("What is happening in Roanoke is very different than what is happening in Danville and Martinsville."). It was concluded that there is real need for services and education in Southwest and that people in Southwest don't want to go to the health department for testing because of the stigma.

Lisa Laurier presented *Southwest Regional Snapshot for HIV Care Services*. She noted that transportation problems, illiteracy, and poverty are all challenges in Southwest. Eighty percent of Ryan White Part B and 20% of Part C funding go to Carilion and Sentara Health. There are 355 ADAP clients and over one million meds were dispensed the first four months of 2010.

The top five Ryan White Part B services utilized in 2009 (VACRS data) were medical case management, outpatient medical care, medication assistance, oral health care, and medical transportation services. Serious challenges in Southwest are Martinsville has 22% unemployment rate and this will go up as the last furniture employer closes this summer; CCS has a waiting list for dental services; and providers are small CBOs with small numbers of staff. Successes noted are the Lenowisco Health Department will be providing HIV care via telemedicine in FY2010; providers have added dentists, medical transportation and other services through subcontracts; data accuracy has significantly improved; and there has been nearly 100% complete eligibility documentation in the last two years.

Needs Assessment Group Work - Cat Hulburt

Cat's goal was to streamline "needs" to identify strategies to reduce the risk of HIV infection for the following targeted populations: needle-sharing, HIV-positives, men who have sex with men, and high-risk heterosexuals. First, discussion centered on categorizing populations for planning purposes and not for delivery of services, and focused on populations engaging in risk behaviors. After discussion, a motion was made and seconded to reach consensus on the above-mentioned targeted populations. Members identified needs for the HIV-positives to avoid HIV transmission, identifying where those needs fit under the headings developed by the Michigan HIV/AIDS Council: Knowledge, Persuasion, Skills, Access and Supportive Norms.

Review of May Meeting Summary

Motion was made to accept the minutes as written.

Planning for September Meeting

- Central snapshot

Adjournment

The meeting was adjourned at 4:00 PM.

Elaine Martin, Health Department Co-Chair

Date

Kathleen Carter, Recording Secretary

Date